Attorney's Docket No.: 10527-410002 / 01-486 (CON)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Verivada Chandrasekaran et al. Art Unit: 3738

Serial No.: 10/629,934 Examiner: Suzette Jaime J. Gherbi

Filed: July 29, 2003 Confirmation No.: 9045

Notice of Allowance Date: July 6, 2007

Title : MEDICAL DEVICE WITH RADIOPACITY

# MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed July 6, 2007, enclosed are a completed issue fee transmittal form PTOL-85b and a Fee Address Indication Form.

Applicants acknowledge the request for payment of the Issue Fee included on the Notice of Allowance. However, applicants believe that no fee is due because the issue fee was previously paid on April 20, 2007.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: 10/8/2007

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#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450 (571) 273-2885

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26161 7590

07/06/2007

## FISH & RICHARDSON P.C. P.O. Box 1022 Minneapolis, MN 55440-1022

| APPLICATION NO.   | FILING DA   |                       | FIRST NAMED INVENTOR    |   |                   | ATTORNEY DOCKET NO. CONFIRMATION NO. |                   |            |  |
|---|---|-----------------------|-------------------------|---|-------------------|--------------------------------------|-------------------|------------|--|
| 10/629,934 07/29/2003   |   |                       | Verivada Chandrasekaran |   |                   | 10                                   | 10527-410002 9045 |            |  |
| TITLE OF INVENTION: MEDICAL DEVICE WITH RADIOPACITY   |   |                       |                         |   |                   |                                      |                   |            |  |
| APPLN, TYPE   | SMALL ENTITY  | ISSUE FEE             |                         |   | PREV. PAID<br>FEE |                                      | TOTAL FEES DU     | E DATE DUE |  |
| nonprovisional  | NO  | \$1400                | 0                       | j   | \$1400            |                                      | \$1400            | 10/09/2007 |  |
| EXAMINER ART UNIT   |   |                       | CLASS-SU                | BCLASS  |                   |                                      |                   |            |  |
| CHERBI, SUZETTE JAIME   |   | 3738                  | 623-00                  | 623-001150  |                   |                                      |                   |            |  |
| 1. Change of correspond<br>CFR 1.363).  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single   |                       |                         |   |                   |                                      |                   |            |  |
| Address form PTO/SB/122) attached.  |   |                       | tirm (having            | firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent |                   |                                      |                   | 2          |  |
| [X] "Fee Address" in<br>PTO/SB/47; Rev 03-<br>Number is required  | attorneys or agents. If no name is listed, no name will be printed.   |                       |                         |   | 3                 |                                      |                   |            |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE (CITY and STATE OR COUNTRY)  Boston Scientific Scimed, Inc.  Maple Grove, MN   |   |                       |                         |   |                   |                                      |                   |            |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   ] individual [X] corporation or other private group entity [ ] government   |   |                       |                         |   |                   |                                      |                   |            |  |
| 4a. The following fee(s)  [ ] Issue Fee [ ] Publication Fee ( [ ] Advance Order -   | 4b. Payment of Fee(s):  [ ] A check in the amount of the fee(s) is enclosed. [ ] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form). |                       |                         |   |                   |                                      |                   |            |  |
| 5. Change in Entity Status (from status indicated above)  [ ] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.   [ ] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |   |                       |                         |   |                   |                                      |                   |            |  |
| The Director of the USPTO is requested to apply the Issue Eee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The issue Fee and Publication Fee (if required) will hope accepted from anyone other than the applicant, a registered agent or; or the assignee or other party in interest as shown by the records of the United States Paters and Trade half Office.   |   |                       |                         |   |                   |                                      |                   |            |  |
| (Authorized Signature) Selflagg (Date) 10/9/07  |   |                       |                         |   |                   |                                      |                   |            |  |
| Typed or Printed Name   |   | Registration No55,617 |                         |   |                   |                                      |                   |            |  |
| This collection of information is required by \$7 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. |   |                       |                         |   |                   |                                      |                   |            |  |

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